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ABSTRACT

Community-Oriented Mental Health Education is viewed as an economical and effective approach to the delivery of mental health services in rural areas. This review explores the issues in design and implementation of mental health education programs, with particular reference to the program developed in Madison County, New York. A descriptive summary of the variety of psychological education efforts (format, content, and target groups) in this county is provided. The community development aspects are examined, and the impact of psychological education on the existing system of mental health service delivery (particularly direct services) is considered. Suggestions are made for anticipating systematic changes. (Author)

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COMMUNITY-ORIENTED MENTAL HEALTH EDUCATION

ABSTRACT

Community-Oriented Mental Health Education is viewed as a powerful and effective approach to the delivery of mental health services in rural areas. This article explores the issues in design and implementation of mental health education programs, with particular reference to the program developed in Madison County, New York. A detailed account of the variety of psychological education efforts (format, content, and target groups) in this county is provided. The community development aspects (such as development of networks of care givers, mutual self-help networks, and interagency cooperation) are considered just as important as any of the particular outcomes of a given program. The impact of psychological education on the existing system of mental health service delivery (particularly direct services) is considered and suggestions are made for anticipating systematic changes.

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COMMUNITY-ORIENTED MENTAL HEALTH EDUCATION

Eugene Baker

Mental health education is an integral aspect of the Madison County Mental Health Department's (MHD) approach to rural community mental health. The goals of primary, secondary, and tertiary prevention are addressed through a variety of community oriented educational efforts. Characteristics of rural areas such as scarcity of trained personnel, population dispersal, and suspicion of the outside "expert" create a unique situation for mental health service delivery. The educational approach provides appropriate services to a wide range of persons, with the optimal use of limited professional personnel. Most important, however, is that the educational approach is socially acceptable in rural counties, particularly when the program is presented to the public in ways that minimize stigma.

While much of this paper is devoted to a description of the structure and content of the various educational programs, the "process" aspects of such programs should not be overlooked. When a psychoeducational course is taught to a self-selected community group, any persons who had not had much contact come together in an open atmosphere. The development of informal social relations is essential: this strengthens self-help networks, combats loneliness, and develops a sense of community which is not dependent on geography or economy. When caregivers in the community are brought together for psychoeducational programs, the opportunities for information and resource exchange, as well as mutual support, are often as important as any of the skills or concepts that they will acquire from the program. When any group responds favorably to an educational program, the opportunities for continued contact are eagerly pursued. Many consultation relationships are developed with agencies as the result of inservice presentations. Persons in classes are encouraged to become members of ongoing self-help groups. Persons who are in need of services but refuse services are shown that mental health workers are not as threatening as they believed. The changes in community structure, particularly the development of human resources networks and the greater acceptability of mental health services, are significant benefits of the employment

of psychoeducational strategies in rural communities.

Mental health education is provided to a variety of groups within the community: the public, MHD clientele, paraprofessionals and the local professional caregivers. The programs are designed to achieve a variety of goals: presenting information, changing attitudes, providing alternatives to psychotherapy, upgrading skills of caregivers, increasing available mental health personnel, and stimulating consultative relationships. In Table 1 the various programs, the relevant target populations, and goals, are indicated for each of the programs.

Table 1

COMMUNITY ORIENTED MENTAL HEALTH EDUCATION

Programs	Target Group	Goals
Self Help Groups (Living Today)	Public Clients	Primary prevention Secondary prevention
Presentation to civic groups, schools, newspapers, radio, etc.	Public	Provide information on resources, recruit volunteers, change attitudes toward "mental illness," Primary prevention of drug abuse
Family Life Seminar	Public & Clients	Primary and secondary prevention of family problems
Modules	Clients	Secondary prevention--educational alternatives to therapy
Family Therapy Seminar	Local professionals & interns & students	To provide more personnel trained to do family therapy, stimulate consultation, improve services provided by local caregivers
Inservice training	Schools & Other social service agencies e.g. Probation, Public Health Nurses, Skilled Nursing Facilities	Stimulate consultation, increase manpower, enhance caregivers skills

Living Today is an eight week psychoeducational course based on the techniques of Rational Self-Counseling. This class serves as the foundation for self-help groups in various locations. Two staff members teach the course, while over 50 people in two towns have been served. Community members are being trained to teach the course, coordinating ongoing self-help groups. The pragmatic approach of this cognitive-behavioral course seems appealing to the ethos of the rural community.

The Family Life Seminar is a series of six didactic and experiential sessions designed for the general public which provides information on issues in family living (communication, problem solving, parenting, etc.). One staff member coordinates these seminars, and other staff contribute one presentation in an area of their own interests. This course has been offered in two towns of Madison County.

The four modules (assertiveness training, parenting skills, understanding emotions, and couples' communication) are offered to MHD clientele. Each module is a four week course designed as an educational alternative to traditional psychotherapeutic intervention. A client can take as many modules as he or she chooses. Each module is taught by two staff members. Several of these modules serve as entry points for self-help groups.

The Mobile Family Resource Center (currently in the grant application stage) would provide information on family issues, resources, and activities to the more isolated persons in Madison County. A major emphasis of the program is the development of natural resource networks so that extrafamilial contacts are established and enhanced. The lack of extrafamilial supports seems to be a major contributor to problems of family violence, loneliness and alcohol abuse. The Mobile Center has been designed to reach those persons who are not reached through direct or indirect services of the MHD.

Presentations to various civic groups, schools, clergy, and other social service agencies are made continuously. These presentation range over informing people about the MHD and the services which are provided, or recruiting persons as volunteers, or helping persons recognize alternatives to alcohol and drug abuse.

Mental Health education to those in positions of power in the community is essential to obtain and maintain support for the department's approach. Not only is information provided, but attitudes are established which make entry into the community possible. Members of the Community Services Board, the Board of Supervisors, the Health Systems Council, and the local Rotary have participated in workshops and seminars.

Inservice training programs in subjects as crisis intervention, geriatrics, rational behavior therapy, and family processes, are provided to other human service agencies, such as skilled nursing facilities, emergency rooms of general hospitals, probation, college counseling centers, and schools. These inservices have been central in the development of community linkages between human service agencies and the MHD.

The Family Therapy Seminar is a 12 week professional training course designed to develop the family therapy skills professional caregivers (clergy, school counselors, psychologists, teachers). This seminar includes actual practice in family therapy with ongoing supervision of therapy by two of the MHD staff. The training emphasizes the acquisition of a family systems perspective and competence in therapeutic interventions with families. This seminar has been quite successful in increasing the number of persons who can provide family counseling, as well as connecting many caregivers with others of like interests.

Extensive training to mental health professionals is provided by the MHD. There are two half time psychology interns with the county. Several psychology interns from the nearby Hutchings Psychiatric Center and Upstate Medical Center spend significant portions of their internships with the MHD. These interns can become involved in the whole range of services which the MHD provides. Practicum students from Colgate University's counseling center often receive significant clinical experience with the MHD. Within the MHD itself, the staff constantly upgrades its knowledge and skills through weekly staff development seminars, monthly professional issues seminars, and occassional training retreats.

In the development of such a multileveled and diverse set of educational

programs, several issues have become apparent. While it is quite possible to "give psychology away," it can be discouraging if nobody wants to accept it. The MHD has found that people are willing to accept, even aggressively demand, psychological education when they perceive it as responsive to their needs, values, and skills. To assure such responsivenes, it is important to assess the communities' needs and readiness for any program. Once such an assessment has been made and a program which is appropriate for the participants has been designed, publicizing the program is quite important. The more successful programs have been widely publicized through church bulletins, newspapers, mailed announcements, phone calls to influentials, and extensive word of mouth campaigns.

As in any system, there is a reciprocal effect of psychoeducational ventures on the MHD. Even though educational approaches are generally considered preventive, they tend to result temporarily in increased demand for direct and indirect services. The staff of the MHD should be prepared to handle such changes in demand for services; strategies to divert or refer requests should be developed before any educational program is instituted. It is helpful if programs are offered over a period of time. If careful thought is not given to ways of handling demand, the rising expectations of the community will not be met and the agency could potentially loose credibility with those whom it serves. If psychoeducational ventures are planned carefully then resources to handle increased demand will have been identified or created and there will be an apparent increase in the community's capacity to care for its members.

Evaluation of mental health educational efforts within the county is progressing from anecdotal and informal to more rigourous evaluation with the implementation of the computer based program evaluation system. In conjunction with systematic needs assessment, through community meetings and analysis of service demands, it is expected that educational efforts will be designed for particular localities. The effect of such planned educational interventions on the incidence of psychological disorders and utilization of community resources, should be ascertainable in past from data gathered as part of the program evaluation effort.

Community oriented mental health education in Madison County operates systematically, and comprehensively serves the needs of the residents. While several pilot educational ventures have been described and the issues attendant to their implementation addressed, the ultimate aim of psychological education in Madison County is to have an empirically demonstrable preventive influence in promoting the mental health of the community.